



Express Mail No.: EV475140912US

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: Srivastava

Confirmation No.: 7824

Serial No.: 09/411,075

Art Unit: 1636

Filed: October 4, 1999

Examiner: David A. Lambertson

For: PURIFICATION OF HEAT
SHOCK/STRESS PROTEIN CELL
SURFACE RECEPTORS AND THEIR
USE AS IMMUNOTHERAPEUTIC
AGENTS

Attorney Docket No: 8449-054-999

REVOCATION AND POWER OF ATTORNEY

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

University of Connecticut Health Center (assignee) hereby revokes any and all previous powers and appoints:

☒ Practitioners at Customer Number 20583

as its attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please direct all correspondence address for the above-identified application to:

☒ The above mentioned Customer Number.

☒ Firm or Individual Name:

Address: Jones Day,
222 East 41st Street,
New York, New York 10017-6702

Telephone: (212) 326-3939

University of Connecticut Health Center (assignee) is the:

- ☐ Applicant/Inventor
☒ Assignee of record of the entire interest. See 37 CFR 3.71.
(Statement under 37 CFR 3.73(b) is applicable)

Statement Under 37 C.F.R. 3.73(b)

University of Connecticut Health Center (assignee) states that it is:

the assignee of the entire right, title, and interest in the patent application/patent identified above by virtue of:

Assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office on December 7, 1999 at Reel 010451, Frame 0241.

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

ASSIGNEE: University of Connecticut Health Center

Date:

July 9, 2004

Signature:

Michael F. Newborg

Typed Name:

Michael F. Newborg, Ph.D.

Position/Title:

Executive Director

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.

☒ Total of 1 form is submitted.